

Fond du Lac County  
 160 S. Macy St Fond du Lac, WI 54935  
 Phone (920) 929-3135 Fax (920) 929-7655  
**E911 Rural Address Application**

**\* PLEASE PRINT OR TYPE\***

Applicant Name & Current Mailing Address	Type of use <b>(circle one)</b> 1-4 1)New Home / Business    2)New Structure (No Septic)    3)Existing Structure Not Previously Numbered 4)Existing Address Change 2)Type _____ 3)Type _____				
Property Owner <i>(if different)</i>	Town Name				
Daytime Phone Number (s) Fax Number/Email <i>(if applicable)</i>	<u>1/4 1/4 Section</u> <i>(NE, NW, SE, SW)</i>	<u>1/4 Section</u> <i>(NE, NW, SE, SW)</i>	<u>Section #</u> <i>(1-36)</i>	<u>Town #</u> <i>(13-17)</i>	<u>Range #</u> <i>(14-19)</i>
CSM # <i>(Certified Survey Map) (if applicable)</i> or PIN Lot#	Subdivision Name <i>(if applicable)</i>				Lot #
Sanitary Permit # or Sanitary Sewer Service District <i>(if required)</i>	Land Use Permit # <i>(if required) (Shoreland Zoning or floodplain)</i>			Date Issued	

***Please circle appropriate direction***

DRIVEWAY LOCATION FOR NEW ADDRESS IS \_\_\_\_\_ FEET EAST, WEST, NORTH, SOUTH OF ADDRESS \_\_\_\_\_ LOCATED ON \_\_\_\_\_ (ROAD NAME).

***Alternative method***

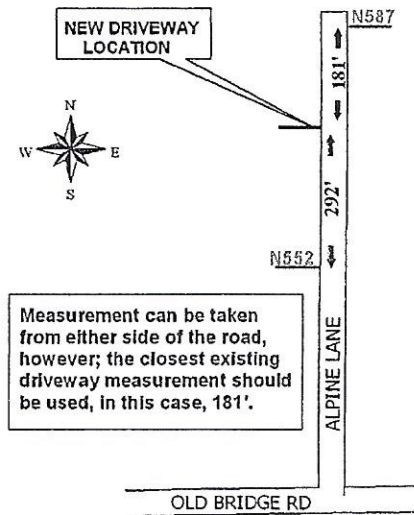
***Please circle appropriate direction***

DRIVEWAY LOCATION FOR NEW ADDRESS IS \_\_\_\_\_ FEET EAST, WEST, NORTH, SOUTH OF INTERSECTION WITH \_\_\_\_\_ (ROAD NAME).

***Please reference North Arrow correctly***



**Example**



FOR DEPARTMENT USE ONLY  
 NEW ASSIGNED ADDRESS \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

TOWN CONTACT PERSON \_\_\_\_\_